

Receipt #4

Law Office of
RONALD R. KILPONEN

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Phone: 248/344-7132 Fax: 248/344-9857

March 25, 1999

Via: First Class Mail

Assistant Commissioner for Patents
Application Processing Division - Customer Correction Branch
Washington, D.C.
20231

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APR 06 1999

TECHNOLOGY CENTER 3700

Sir:

Please find enclosed for filing:

- 1) Filing Receipt corrections memo.
- 2) Copy of the marked up Filing Receipt showing corrections.

Respectfully Submitted,


Ronald R. Kilponen

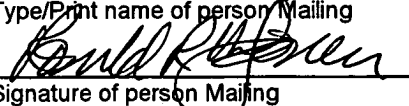
CERTIFICATION UNDER 37 CFR 1.8

I hereby certify that the foregoing papers referred to above are being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Box Provisional Patent, Washington, D.C. 20231

Date:

3/26/99

Ronald R. Kilponen
Type/Print name of person Mailing


Signature of person Mailing



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: LeMaire III et al.

Title: Surgical Instrument with Offset Jaw Actuator

Serial No: 09/016,090

Filed: 1/30/98

Docket No: Mmed01

GAU: 3731

Correction to Filing Receipt

Applicant notes two errors in the Official Filing Receipt of the patent application serial number 09/016,090.

1) The Applicant's name should read:

Norman J. LeMaire III not Norman J. LeMarie III

2) Applicant's town should read:

Raynham not Rayham

Applicant respectfully requests that these corrections be made and a new Official Filing Receipt reflecting these changes be forwarded to Applicant's attorney whose address is listed below.

Respectfully Submitted,

Ronald R. Kilponen, Esq.
Applicant's Attorney

Date: 3/24/99

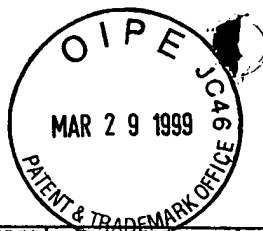
Address Correspondence to:

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FILING RECEIPT



UNITED STATES DEPARTMENT OF COMMERCE
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/016,090	01/30/98	3731	\$406.00	MMED01	12	21	3

RONALD R. KILPONEN
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BELLINGHAM MA 02019-1242

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Application Processing Division's Customer Correction Branch within 10 days of receipt. Please provide a copy of the Filing Receipt with the changes noted thereon.

Applicant(s)

LeMaire
NORMAN J. LEMARIE III, RAYNHAM, MA; WILLIAM R. HANNA JR,
FALL RIVER, MA.

FOREIGN FILING LICENSE GRANTED 04/16/98

* SMALL ENTITY *

TITLE

SURGICAL INSTRUMENT WITH OFFSET JAW ACTUATOR

PRELIMINARY CLASS: 606

SERIAL NUMBER 09/016,090	FILING DATE 01/30/98	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. MMED01
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APPLICANT NORMAN J. LEMARIE III, RAYHAM, MA; WILLIAM R. HANNA JR, FALL RIVER, MA.

LEMAIRE

CONTINUING DOMESTIC DATA***
VERIFIED

LN

Done

371 (NAT'L STAGE) DATA***
VERIFIED

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FOREIGN APPLICATIONS***
VERIFIED

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***** SMALL ENTITY *****

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 12	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Initials <u>LN</u> Initials _____					

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TITLE SURGICAL INSTRUMENT WITH OFFSET JAW ACTUATOR

FILING FEE RECEIVED \$406	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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